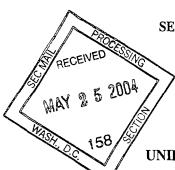
FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTION

128/	938
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OMB APPROVAL
OMB Number 3235-0076

OMB Number Expires:

Prefix

May 31, 2005

Estimated average burden hours per response

16.00

Serial

158/9	SECTION 4(6), AND/OI	₹	DATE NECEIVED
UNIFOR	RM LIMITED OFFERING F	EXEMPTION	
Name of Offering (check if this is an amendment and r Class A Common Units of PP Holding, LLC	name has changed, and indicate chang	ge.)	
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 Rule 5	506 Section 4(6)	ULOE
A. 1	BASIC IDENTIFICATION DATA		##
1. Enter the information requested about the issuer			
Name of Issuer (☐ check if this is an amendment and nam PP Holding, LLC	e has changed, and indicate change.)	040	031298
Address of Executive Offices (Num c/o Polypore, Inc., 13800 South Lakes Drive, Char	ber and Street, City, State, Zip Code) rlotte, North Carolina 28273	Telephone Number (Includi (704) 588-5310	ng Area Code)
Address of Principal Business Operations (Num (if different from Executive Offices)	ber and Street, City, State, Zip Code)	Telephone Number (Includi	ng Area Code)
Brief Description of Business			
Acquisition of shares of PP Holding Corporation			
Type of Business Organization corporation business trust limited partnership, alread limited partnership, to be	dy formed	ecify): limited liability compa	11100
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter to	Month Year : 04 04 ⊠ Actual wo-letter U.S. Postal Service abbrevia	☐ Estimated ation for State:	JUN 02 20

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

1 of 8

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	□ General and/or ■ Managing Partner					
Full Name (Last name first,	if individual)									
Warburg Pincus Privat	e Equity VIII	, L.P. ("Co-Managing	g Member'')							
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)							
466 Lexington Avenue, New York, New York 10017										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Warburg Pincus Intern	ational Partn	ers, L.P. ("Co-Manaş	ging Member'')							
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)							
466 Lexington Avenue, Ne	w York, New Y	York 10017								
Check Box(es) that Apply: *(of the Issuer)	Promoter	Beneficial Owner	☑ Executive Officer*	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Nasisi, Frank										
Business or Residence Addi	ress (Number an	d Street, City, State, Zip	Code)							
13800 South Lakes Driv	ve, Charlotte,	North Carolina 2827	3							
Check Box(es) that Apply: *(of the Issuer")	Promoter	☐ Beneficial Owner	⊠ Executive Officer*	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Amos, Lynn										
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)							
13800 South Lakes Driv	ve, Charlotte,	North Carolina 2827	3							
Check Box(es) that Apply: *(of the Issuer)	Promoter	Beneficial Owner	☑ Executive Officer*	Director	General and/or Managing Partner					
Full Name (Last name first, Reed, Brad	if individual)									
Business or Residence Addr 13800 South Lakes Driv										
Check Box(es) that Apply: *(of the Issuer)	Promoter	Beneficial Owner	Executive Officer*	Director	General and/or Managing Partner					
Full Name (Last name first, Geyler, Stefan	if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code) 13800 South Lakes Drive, Charlotte, North Carolina 28273										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Add	ress (Number ar	d Street, City, State, Zip	Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)										

			1		·	3. INFOR	MATION	ABOUT	OFFERI	NG			A A STAGE	14.57	
1.	Has the issue	er sold, or	does the is	suer inten	d to sell, to	non-accre	dited inve	stors in thi	s offering	?					No
Answer also in Appendix Column 2 if filing under ULOF										\boxtimes					
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										\$N/A				
Does the offering permit joint ownership of a single unit?										No					
	5. Dow the offering perint joint ownership of a single unit.											\boxtimes			
4.	Enter the informuneration person or ag than five (5) dealer only.	n for solici ent of a bi	itation of proker or de	purchasers ealer regist	in connec ered with	tion with s the SEC a	ales of seand/or with	curities in a state or	the offerir states, list	ng. If a pe t the name	rson to be of the bro	listed is a ker or dea	n associated ler. If more		
Full	Name (Last r	name first,	if individu	ıal)											
Busi	iness or Resid	lence Addı	ress (Num	ber and Str	eet, City,	State, Zip (Code)				<u> </u>				
Nan	ne of Associat	ted Broker	or Dealer												
State	es in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers								
	(Check	"All State	s" or chec	k individu:	al States)									🔲 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last r	name first,	if individu	ıal)								-			
Duc	iness or Resid	lanca Addi	ross (Numi	has and Str	east City 9	State 7in (Toda)				<u></u>	<u> </u>			
Dusi	illess of Ivesio	ience Addi	.css (14u111	bei aliu su	cci, City, i	state, Zip v	Jude)								
Nan	ne of Associat	ed Broker	or Dealer												
State	es in Which P	erson List	ed Has So	licited or I	ntends to S	olicit Purc	hasers								
	(Check "All	States" or	check ind	ividual Sta	tes)								.,,,,,	🗀 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full	Name (Last r	name first,	if individu	ual)											
Bus	iness or Resid	lence Addı	ress (Num	ber and Str	eet, City,	State, Zip	Code)							· · · · · · · · · · · · · · · · · · ·	
Nan	ne of Associat	ted Broker	or Dealer												
State	es in Which P	erson List	ed Has So	licited or I	ntends to S	olicit Purc	hasers			· · · · · · · · · · · · · · · · · · ·					
	(Check "All	States" or	check ind	ividual Sta	tes)				·					🗌 Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] 1[MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt	\$			\$
	Equity	\$			\$
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$			\$
					\$
	Other (Specify Class A Common Units)				\$140,385,000
	-	\$	140,385,000		\$140,385,000
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	110,000,000		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		6		\$ <u>140,385,000</u>
	Non-accredited Investors				\$
	Total (for filings under Rule 504 only)				\$
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		Security		\$
	Regulation A	***			\$
	Rule 504			_	φ
	Total				\$ \$
					Ψ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	•••••			\$
1.					
1.	Transfer Agent's Fees		•••••	. 🗆	\$
1.	Transfer Agent's Fees			. 🗆	\$\$ \$25,000
1.	Transfer Agent's Fees Printing and Engraving Costs Legal Fees				\$\$ \$\$\$
1.	Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finder's fees separately)				\$\$ \$\$ \$\$
1.	Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees				\$\$ \$\$ \$\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. purpose is not known, furnish an estimate and check t estimate. The total of the payments listed must exproceeds to the issuer set forth in response to Part C – 6	If the amount for any he box to the left of the qual the adjusted gross					
			Paymer Office Directo Affilia	ers, rs, &	Payments to Others		
	Salaries and fees		□ \$		□ \$		
	Purchase of real estate		□ \$		\$		
	Purchase, rental or leasing and installation of machiner	y and equipment	□ \$		□ \$		
	Construction or leasing of plant buildings and facilities		□ \$		\$		
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger) Repayment of indebtedness	e for the assets	000				
	• •						
	Working capital Other (specify):		□ \$				
	Column Totals Total Payments Listed (column totals added)		\(\Sigma \\$ \frac{140,360,000}{}{}				
	D. FEDE	ERAL SIGNATURE					
following	uer has duly caused this notice to be signed by the under signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to an	ersigned duly authorized to furnish to the U.S. Sec	person. If this curities and Exc	change Comi	mission, upon written		
	Print or Type) Iding, LLC	Signature		Date 5/21/	lof		
Name o	f Signer (Print or Type) Amos	Title of Signer (Print or Chief Financial Offi		r and Secre	etary of the Issuer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)